OBJECTIVES: Major Depressive Disorder (MDD) may significantly affect cognitive domains of attention, concentration and memory. While the burden of cognitive dysfunction in Schizophrenia is well established, the investigation of cognitive impairment in Bipolar Disorder (BD) and MDD has attracted the interest of research only more recently. Therefore, it is of great interest to understand clinician's perception about cognitive dysfunction in MDD and to raise awareness about this issue. **METHODS:** Between December 2014 and January 2015, 128 Italian psychiatrists were recruited to participate to an on-line survey whose aim was to understand psychiatrists' perception about cognitive symptoms in MDD. The questionnaire comprised three sections: the first investigating psychiatrists' sociodemographic and professional profile, the second assessing cognitive symptoms relevance without mentioning they represented the study focus and the third explicitly investigating cognitive symptoms. **RESULTS:** Cognitive symptoms were considered a relevant dimension of MDD and they appeared amongst the most frequently cited residual symptoms compromising patients' work and influencing relapse risk. About 70% of psychiatrists declared that cognitive symptoms significantly influence the antidepressant choice. However, in the previous questionnaire section where focus on cognitive symptoms was not revealed yet, cognitive symptoms appeared less frequently considered for antidepressant choice. **CONCLUSIONS:** Study results revealed a clear understanding of cognitive symptoms relevance in MDD. Nevertheless, the discrepancy between psychiatrists' perception and their therapeutical choices underlines the presence of an unmet need that should be addressed increasing the awareness about the positive effects on cognitive symptoms of existing drugs, which could allow a more symptom-oriented therapeutical intervention.

PMH4

COMPARATIVE EFFICACY OF KETAMINE AND OTHER PHARMACOLOGICAL AND SOMATIC INTERVENTIONS IN ADULT PATIENTS WITH TREATMENT-RESISTANT DEPRESSION: A NETWORK META-ANALYSIS

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OBJECTIVES: Ketamine has demonstrated rapid and robust antidepressant effects in patients with treatment resistant depression (TRD) in investigational clinical trials. The objective of this study was to compare the efficacy of ketamine with other pharmacological and somatic treatments in adult TRD patients. **METHODS:** A systematic literature review was performed in September 2014, using a predefined search strategy including MEDLINE, EMBASE and the Cochrane Library. TRD was defined as ≥ 2 antidepressant treatment failures. Thirty-one randomized controlled trials (RCTs) were included: 19 RCTs investigating 13 pharmacological interventions and 12 RCTs investigating electroconvulsive therapy (ECT) or repetitive transcranial magnetic stimulation (rTMS). Key outcomes were: disease severity change from baseline at 2 weeks measured on the Montgomery–Åsberg Depression Rating Scale (MADRS) and response rate at 2 weeks (i.e. reduction of ≥50% in MADRS total score). Placebo and sham arms were pooled into one reference group. The evidence base was synthesised by means of a Bayesian network meta-analysis. **RESULTS:** Ketamine seemed more efficacious in reducing depressive symptoms at 2 weeks than aripiprazole augmentation (mean difference in MADRS reduction -11.0; 95% Credible Interval [CrI] -17.8 to -4.1), venlafaxine monotherapy(-12.7; [-23.2 to -2.2]), olanzapine/fluoxetine combination (-12.5; [-24.9 to -0.2]), fluoxetine monotherapy (-12.5; [-24.4 to -0.6]), quetiapine augmentation (-11.6; [-20 to -3.1]), nortriptyline monotherapy (-13; [-25.7 to -0.3]), lamotrigine augmentation (-13.2; [-24.2 to -2.2]), ECT (-9.4; [-18.4 to -0.5]) and rTMS (-9.8; [-16.2 to -3.5]). Also, ketamine showed the highest probability of being the best treatment (57%). The % responders at 2 weeks was 5-fold higher for ketamine than for aripiprazole (odds ratio (OR) 5.2; 95% CrI [1.4-27.5]) and rTMS (4.8; [1.1-27.5]), and 14-fold higher compared to placebo/sham treatment (13.7; [3.8-69.1]). **CONCLUSIONS:** Based on the evidence synthesis of available RCTs investigating the efficacy of TRD treatments at 2 weeks, ketamine demonstrated superior efficacy compared with other pharmacological and somatic interventions.

PMH5

LONGITUDINAL MODELING OF THE RELATIONSHIP BETWEEN LISDEXAMFETAMINE DIMESYLATE AND HEALTH-RELATED QUALITY OF LIFE IN ADULTS WITH MODERATE TO SEVERE BINGE EATING DISORDER

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OBJECTIVES: To evaluate the effects of lisdexamfetamine dimesylate (LDX) on changes in health-related quality of life (HRQoL) in individuals with protocol-defined moderate to severe binge eating disorder (BED). **METHODS:** In 2 identically designed 12-week, double-blind, placebo-controlled trials, adults with protocol-defined moderate to severe binge eating (BE) who met DSM-IV-TR BED criteria were randomized (study 1, N=383; study 2, N=390) to placebo or LDX (50 or 70 mg). HRQoL was assessed at baseline and treatment weeks 4, 6, 8, 10, and 12/early termination using the EuroQoL 5-Dimension 5-Level Questionnaire (EQ-5D-5L; a prespecified secondary endpoint). For this post hoc analysis, participant EQ-5D-5L profiles were converted to utility index scores (range: –0.109 [worst state] to 1 [best state]) and pooled across studies. Unadjusted and adjusted random effect tobit regressions were conducted to examine the longitudinal relationship between LDX treatment and HRQoL. **RESULTS:** Mean ± SD EQ-5D-5L index scores in the pooled treatment groups were 0.877±0.105 for placebo (n=358 observations) and 0.882±0.118 for LDX (n=364 observations) at baseline and 0.909±0.115 for placebo (n=296 observations) and 0.933±0.102 for LDX (n=302 observations) at week 12. Mean (95% CI) improvement/week in EQ-5D-5L index scores without adjustment was statistically significant for placebo (0.0059 [0.005, 0.007]; P<0.001) and for LDX relative to placebo (0.0032 [0.001, 0.005]; P=0.001). Treatment effects on HRQoL were no longer significant after adjusting for BE episodes/week, functionality, and impairment in work and daily activities (placebo, –0.0001 [–0.002, 0.002], P=0.9; LDX relative to placebo, 0.0006 [–0.002, 0.003], P=0.6) or after adjusting for BE days/week, functionality, and impairment in work and daily activities (placebo, –0.0008 [–0.003, 0.002], P=0.5; LDX relative to placebo, 0.0002 [–0.002, 0.003], P=0.9). **CONCLUSIONS:** The positive effect of LDX on HRQoL/patient utlility is indirect and mediated in part by LDX effects on BE frequency and disability/functioning.

PMH6

LONGITUDINAL MODELING THE EFFECT OF LISDEXAMFETAMINE DIMESYLATE AND CHANGES IN BINGE EATING FREQUENCY ON DISABILITY IN PATIENTS WITH BINGE EATING DISORDER

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OBJECTIVES: To evaluate the effect of lisdexamfetamine dimesylate (LDX) and changes in binge eating (BE) days/week and BE episodes/week on disability in patients with protocol-defined moderate to severe binge eating disorder (BED) over 12 weeks. **METHODS:** In two identically designed, 12-week, double-blind, placebo (PBO)-controlled trials, adults meeting DSM-IV-TR BED criteria were randomized (study 1, N=383; study 2, N=390) to PBO or LDX (50 or 70 mg). LDX was statistically superior to PBO in reducing the number of BE days/week (the primary endpoint) and showed numerical improvements in BE episodes/week (a secondary endpoint). The trials assessed disability with Sheehan Disability Scale (SDS) as an exploratory endpoint. Observations corresponding to visits from baseline to week 12 were analyzed; data were pooled across studies. The current post hoc analyses were performed using mixed-effect logistic regression models to determine the relationship between: (1) LDX therapy and disability, and (2) BE days/week and disability, and BE episodes/week and disability. P-values are unadjusted and presented for descriptive purposes only. **RESULTS:** LDX therapy showed a numeric improvement on disability as measured by SDS. The odds ratio (OR)/week for disability (>0 score) measured by SDS total score for LDX relative to placebo was 0.70 (P≤0.001). Higher BE frequency counteracted the improvement in disability which was significant in the lowest tertile of BE frequency (tertile 3). ORs/week for disability (>0 score) measured by SDS total score in BE days/week tertiles 1, 2 and 3 (relative to tertile 1) were 0.66, 1.37 and 1.72, and in BE episodes/week 0.66, 1.44 and 1.69, respectively (all P≤0.001). **CONCLUSIONS:** Findings of this longitudinal analysis indicate that LDX therapy has a positive effect on disability, as measured by SDS, of BED patients. The analysis also showed that reduction in both BE days/week and BE episodes/week is associated with improvement in disability over 12 weeks.

PMH7

TREATMENT CONTINUATION AND TREATMENT CHARACTERISTICS OF FOUR LONG ACTING ANTIPSYCHOTIC MEDICATIONS (PALIPERIDONE PALMITATE, RISPERIDONE MICROSPHERES, OLANZAPINE PAMOATE AND HALOPERIDOL DECANOATE) IN THE NETHERLANDS

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OBJECTIVES: Treatment continuation of four long acting, injectable, antipsychotic drugs: paliperidone palmitate, risperidone microspheres, olanzapine pamoate and haloperidol decanoate, was evaluated in the Dutch outpatient setting using panel data from public pharmacies. Restart rates, maintenance dose distribution, age distribution and frequency of co-prescriptions were also investigated. **METHODS:** The IMS LifelinkTM Treatment Dynamics database was used, applying appropriate selection criteria. Four patient cohorts that started paliperidone palmitate, risperidone microspheres, olanzapine pamoate or haloperidol decanoate treatment, between 1 April 2011 and 31 March 2012, and 1 October 2012 and 31 September 2013 were analyzed. All cohorts included at least 13 months of follow up. Treatment continuation was investigated. **RESULTS:** After 180 days, in both study periods, a significantly higher percentage of patients continued treatment with paliperidone palmitate. After six months, respectively 59% and 55% of patients continued paliperidone palmitate. For risperidone microspheres this was 42% and 40%, for olanzapine pamoate 25% and 43%, and for haloperidol decanoate 42% and 47%. In both study periods, significantly higher percentages of patients restarted index treatment within 3 months when using paliperidone palmitate (42% and 40%) or olanzapine pamoate (44% and 42%) compared to risperidone microspheres (35% and 33%) or haloperidol decanoate (26% and 28%). For all therapies, dosing was comparable between treatment initiation and discontinuation. Medication used to treat extrapyramidal symptoms was on average more frequently used with haloperidol decanoate (24% and 18%) than with paliperidone palmitate (4% and 5%) risperidone microspheres (11% and 3%), or olanzapine pamoate (0 and 6%). **CONCLUSIONS:** Results of the database research indicate that a higher percentage of patients treated with paliperidone palmitate continued therapy and restarted therapy than patients receiving the other three long-acting antipsychotics. Co-medication against extrapyramidal symptoms was more frequently used with haloperidol decanoate. FINANCIAL SUPPORT: This work was funded by Janssen.

PMH8

EFFECTIVENESS OF SUPPORTING INFORMAL CAREGIVERS OF PEOPLE WITH DEMENTIA: A SYSTEMATIC REVIEW

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OBJECTIVES: Dementia is known as a major public health problem affecting both patients and caregivers, and placing a high financial strain upon society. In community-dwelling patients, it is important to support informal caregivers in order to help them sustain their demanding role. Previous reviews about effectiveness of such supporting strategies often included a small number of studies, focused